

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED <input type="checkbox"/> DNA SUBJECT INFORMATION	1. DATE OF INCIDENT 25-JUL-2016	TIME 05:57:00	2. ADDRESS OF OCCURRENCE 1319 S SAWYER AVE CHICAGO, IL 60623	3. LOCATION CODE 330	4. BEAT/OCCUR 1022	4a. VIDEO RECORDED INCIDENT <input type="checkbox"/> 01 BW <input type="checkbox"/> 02 IN-CAR CAMER <input type="checkbox"/> 03 OTHER REPT/VIDEO																																																																																																																																																								
	5. POSITION 9122	6. LAST NAME WARDEN	7. FIRST NAME RONALD A	8. STAR NO. 01 M 02 F	9. SEX BLK	10. RACE CODE 11. AGE 1959	12. HT. 508	13. WT. 235																																																																																																																																																						
	14. DATE OF APPT. 16-DEC-2011	15. EMPLOYEE NO.	16. UNIT & BEAT OF ASSIGNMENT 171	17. DUTY STATUS <input type="checkbox"/> 01 On <input checked="" type="checkbox"/> 02 Off <input type="checkbox"/> 04 Yes <input type="checkbox"/> 02 No	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes* <input checked="" type="checkbox"/> 02 No																																																																																																																																																								
	20. LAST NAME METCALF	21. FIRST NAME DERRICK	22. M.I. 01 M 02 F	23. SEX BLK	24. RACE 1984	25. D.Q.B. 509	26. HT. 170	27. WT.																																																																																																																																																						
	28. ADDRESS 9318 S ESSEX AVE CHICAGO, IL 60617	29. TELEPHONE NO.	30. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31. FIREARM - SEMI-AUTOMATIC, OTHER (SPECIFY) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	33. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																																																																																																																																																								
	34. IF SUBJECT INJURED, DESCRIBE INJURY <input type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury	35. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL	36. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid	37. CR NO. 19347055	38. I.R. NO.	39. DNA																																																																																																																																																								
	36. CHARGES PLACED 720 ILCS 5.0/18-2-A-2																																																																																																																																																													
	<table border="1"> <thead> <tr> <th colspan="2">PASSIVE RESISTER</th> <th colspan="2">ACTIVE RESISTER</th> <th colspan="2">ASSAULT: ASSAULT</th> <th colspan="2">ASSAULT: BATTERY</th> <th colspan="2">ASSAULT: DEADLY FORCE</th> </tr> </thead> <tbody> <tr> <td>DID NOT FOLLOW VERBAL DIRECTION</td> <td><input type="checkbox"/></td> <td>FLED</td> <td><input type="checkbox"/></td> <td>IMMINENT THREAT OF BATTERY</td> <td><input checked="" type="checkbox"/></td> <td>ATTACK WITH WEAPON</td> <td><input type="checkbox"/></td> <td>USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>STIFFENED (DEAD WEIGHT)</td> <td><input type="checkbox"/></td> <td>PULLED AWAY</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>ATTACK WITHOUT WEAPON</td> <td><input type="checkbox"/></td> <td>WEAPON</td> <td><input type="checkbox"/></td> </tr> <tr> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td>MEMBER'S RESPONSE</td> <td colspan="8"> <table border="1"> <tr> <td>MEMBER PRESENCE</td> <td><input type="checkbox"/></td> <td>OPEN HAND STRIKE</td> <td><input type="checkbox"/></td> <td>ELBOW STRIKE</td> <td><input type="checkbox"/></td> <td>KNEE STRIKE</td> <td><input type="checkbox"/></td> <td>FIREARM</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>VERBAL COMMANDS</td> <td><input type="checkbox"/></td> <td>TAKE DOWN / EMERGENCY HANDCUFFING</td> <td><input type="checkbox"/></td> <td>CLOSED HAND STRIKE/PUNCH</td> <td><input type="checkbox"/></td> <td>KICKS</td> <td><input type="checkbox"/></td> <td>IMPACT WEAPON (Describe in Box 40)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>ESCORT HOLDS</td> <td><input type="checkbox"/></td> <td>OC CHEMICAL WEAPON</td> <td><input type="checkbox"/></td> <td>IMPACT MUNITION (Describe in Box 40)</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td>WRISTLOCK</td> <td><input type="checkbox"/></td> <td>CANINE</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td>ARMBAR</td> <td><input type="checkbox"/></td> <td>TASER (Probe Discharge) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td>PRESSURE SENSITIVE AREAS</td> <td><input type="checkbox"/></td> <td>TASER (Contact Stun) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td>CONTROL INSTRUMENT</td> <td><input type="checkbox"/></td> <td>TASER (ARC Cycle) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td>OC/CHEMICAL WEAPON W/AUTHORIZATION</td> <td><input type="checkbox"/></td> <td>TASER (Spark Displayed) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td>LRAD/WITH AUTHORIZATION</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> </tr> </table></td></tr></tbody> </table>									PASSIVE RESISTER		ACTIVE RESISTER		ASSAULT: ASSAULT		ASSAULT: BATTERY		ASSAULT: DEADLY FORCE		DID NOT FOLLOW VERBAL DIRECTION	<input type="checkbox"/>	FLED	<input type="checkbox"/>	IMMINENT THREAT OF BATTERY	<input checked="" type="checkbox"/>	ATTACK WITH WEAPON	<input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM	<input checked="" type="checkbox"/>	STIFFENED (DEAD WEIGHT)	<input type="checkbox"/>	PULLED AWAY	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	ATTACK WITHOUT WEAPON	<input type="checkbox"/>	WEAPON	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	MEMBER'S RESPONSE	<table border="1"> <tr> <td>MEMBER PRESENCE</td> <td><input type="checkbox"/></td> <td>OPEN HAND STRIKE</td> <td><input type="checkbox"/></td> <td>ELBOW STRIKE</td> <td><input type="checkbox"/></td> <td>KNEE STRIKE</td> <td><input type="checkbox"/></td> <td>FIREARM</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>VERBAL COMMANDS</td> <td><input type="checkbox"/></td> <td>TAKE DOWN / EMERGENCY HANDCUFFING</td> <td><input type="checkbox"/></td> <td>CLOSED HAND STRIKE/PUNCH</td> <td><input type="checkbox"/></td> <td>KICKS</td> <td><input type="checkbox"/></td> <td>IMPACT WEAPON (Describe in Box 40)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>ESCORT HOLDS</td> <td><input type="checkbox"/></td> <td>OC CHEMICAL WEAPON</td> <td><input type="checkbox"/></td> <td>IMPACT MUNITION (Describe in Box 40)</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td>WRISTLOCK</td> <td><input type="checkbox"/></td> <td>CANINE</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td>ARMBAR</td> <td><input type="checkbox"/></td> <td>TASER (Probe Discharge) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td>PRESSURE SENSITIVE AREAS</td> <td><input type="checkbox"/></td> <td>TASER (Contact Stun) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td>CONTROL INSTRUMENT</td> <td><input type="checkbox"/></td> <td>TASER (ARC Cycle) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td>OC/CHEMICAL WEAPON W/AUTHORIZATION</td> <td><input type="checkbox"/></td> <td>TASER (Spark Displayed) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td>LRAD/WITH AUTHORIZATION</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> </tr> </table>								MEMBER PRESENCE	<input type="checkbox"/>	OPEN HAND STRIKE	<input type="checkbox"/>	ELBOW STRIKE	<input type="checkbox"/>	KNEE STRIKE	<input type="checkbox"/>	FIREARM	<input checked="" type="checkbox"/>	VERBAL COMMANDS	<input type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING	<input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH	<input type="checkbox"/>	KICKS	<input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40)	<input type="checkbox"/>	ESCORT HOLDS	<input type="checkbox"/>	OC CHEMICAL WEAPON	<input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40)	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	WRISTLOCK	<input type="checkbox"/>	CANINE	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>	ARMBAR	<input type="checkbox"/>	TASER (Probe Discharge) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>	PRESSURE SENSITIVE AREAS	<input type="checkbox"/>	TASER (Contact Stun) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>	CONTROL INSTRUMENT	<input type="checkbox"/>	TASER (ARC Cycle) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>	OC/CHEMICAL WEAPON W/AUTHORIZATION	<input type="checkbox"/>	TASER (Spark Displayed) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>	LRAD/WITH AUTHORIZATION	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>
	PASSIVE RESISTER		ACTIVE RESISTER		ASSAULT: ASSAULT		ASSAULT: BATTERY		ASSAULT: DEADLY FORCE																																																																																																																																																					
	DID NOT FOLLOW VERBAL DIRECTION	<input type="checkbox"/>	FLED	<input type="checkbox"/>	IMMINENT THREAT OF BATTERY	<input checked="" type="checkbox"/>	ATTACK WITH WEAPON	<input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM	<input checked="" type="checkbox"/>																																																																																																																																																				
STIFFENED (DEAD WEIGHT)	<input type="checkbox"/>	PULLED AWAY	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	ATTACK WITHOUT WEAPON	<input type="checkbox"/>	WEAPON	<input type="checkbox"/>																																																																																																																																																					
OTHER _____	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>																																																																																																																																																					
MEMBER'S RESPONSE	<table border="1"> <tr> <td>MEMBER PRESENCE</td> <td><input type="checkbox"/></td> <td>OPEN HAND STRIKE</td> <td><input type="checkbox"/></td> <td>ELBOW STRIKE</td> <td><input type="checkbox"/></td> <td>KNEE STRIKE</td> <td><input type="checkbox"/></td> <td>FIREARM</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>VERBAL COMMANDS</td> <td><input type="checkbox"/></td> <td>TAKE DOWN / EMERGENCY HANDCUFFING</td> <td><input type="checkbox"/></td> <td>CLOSED HAND STRIKE/PUNCH</td> <td><input type="checkbox"/></td> <td>KICKS</td> <td><input type="checkbox"/></td> <td>IMPACT WEAPON (Describe in Box 40)</td> <td><input type="checkbox"/></td> </tr> <tr> <td>ESCORT HOLDS</td> <td><input type="checkbox"/></td> <td>OC CHEMICAL WEAPON</td> <td><input type="checkbox"/></td> <td>IMPACT MUNITION (Describe in Box 40)</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td>WRISTLOCK</td> <td><input type="checkbox"/></td> <td>CANINE</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td>ARMBAR</td> <td><input type="checkbox"/></td> <td>TASER (Probe Discharge) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td>PRESSURE SENSITIVE AREAS</td> <td><input type="checkbox"/></td> <td>TASER (Contact Stun) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td>CONTROL INSTRUMENT</td> <td><input type="checkbox"/></td> <td>TASER (ARC Cycle) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td>OC/CHEMICAL WEAPON W/AUTHORIZATION</td> <td><input type="checkbox"/></td> <td>TASER (Spark Displayed) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td>LRAD/WITH AUTHORIZATION</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> </tr> <tr> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>OTHER _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> <td>PERCEIVED AS _____</td> <td><input type="checkbox"/></td> </tr> </table>								MEMBER PRESENCE	<input type="checkbox"/>	OPEN HAND STRIKE	<input type="checkbox"/>	ELBOW STRIKE	<input type="checkbox"/>	KNEE STRIKE	<input type="checkbox"/>	FIREARM	<input checked="" type="checkbox"/>	VERBAL COMMANDS	<input type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING	<input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH	<input type="checkbox"/>	KICKS	<input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40)	<input type="checkbox"/>	ESCORT HOLDS	<input type="checkbox"/>	OC CHEMICAL WEAPON	<input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40)	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	WRISTLOCK	<input type="checkbox"/>	CANINE	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>	ARMBAR	<input type="checkbox"/>	TASER (Probe Discharge) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>	PRESSURE SENSITIVE AREAS	<input type="checkbox"/>	TASER (Contact Stun) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>	CONTROL INSTRUMENT	<input type="checkbox"/>	TASER (ARC Cycle) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>	OC/CHEMICAL WEAPON W/AUTHORIZATION	<input type="checkbox"/>	TASER (Spark Displayed) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>	LRAD/WITH AUTHORIZATION	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>																																																		
MEMBER PRESENCE	<input type="checkbox"/>	OPEN HAND STRIKE	<input type="checkbox"/>	ELBOW STRIKE	<input type="checkbox"/>	KNEE STRIKE	<input type="checkbox"/>	FIREARM	<input checked="" type="checkbox"/>																																																																																																																																																					
VERBAL COMMANDS	<input type="checkbox"/>	TAKE DOWN / EMERGENCY HANDCUFFING	<input type="checkbox"/>	CLOSED HAND STRIKE/PUNCH	<input type="checkbox"/>	KICKS	<input type="checkbox"/>	IMPACT WEAPON (Describe in Box 40)	<input type="checkbox"/>																																																																																																																																																					
ESCORT HOLDS	<input type="checkbox"/>	OC CHEMICAL WEAPON	<input type="checkbox"/>	IMPACT MUNITION (Describe in Box 40)	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>																																																																																																																																																					
WRISTLOCK	<input type="checkbox"/>	CANINE	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>																																																																																																																																																					
ARMBAR	<input type="checkbox"/>	TASER (Probe Discharge) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>																																																																																																																																																					
PRESSURE SENSITIVE AREAS	<input type="checkbox"/>	TASER (Contact Stun) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>																																																																																																																																																					
CONTROL INSTRUMENT	<input type="checkbox"/>	TASER (ARC Cycle) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>																																																																																																																																																					
OC/CHEMICAL WEAPON W/AUTHORIZATION	<input type="checkbox"/>	TASER (Spark Displayed) 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>																																																																																																																																																					
LRAD/WITH AUTHORIZATION	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>																																																																																																																																																					
OTHER _____	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>	PERCEIVED AS _____	<input type="checkbox"/>																																																																																																																																																					

40. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)			RANK	STAR NO.	UNIT NO.	40. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? 01 Yes 02 No		
40a. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? 01 Yes 02 No			40b. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? 01 Yes 02 No	40c. DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY? 01 No 02 Yes - Subject 03 Yes - Member				
41. WEAPON TYPE 01 REVOLVER 02 RIFLE 03 SHOTGUN			42. INCIDENT OCCURRED Indoors Outdoors	43. LIGHTING CONDITIONS 02 Night 03 Dawn 04 Dark 05 Poor Artificial 06 Good Artificial	44. WEATHER CONDITIONS **CLEAR**			
45. MAKE/MANUFACTURER GLOCK, GFC-AU-			46. MODEL 27	47. BARREL LENGTH 3.5	48. CALIBER/GAUGE 40 S&W			
49. TASER DART ID NO. XDH425	50. WEAPON SERIAL NO. (Include Letters)	51. CHICAGO GUN REG. NO.	52. IL FIREARM OWNER ID. NO. 3451460	53. HANDGUN CERTIFICATE NO.				
54. SPECIAL WEAPON CERTIFICATE NO.	55. PROPERTY INVENTORY NO.	56. TYPE OF AMMUNITION USED 40 S & W	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1	58. TOTAL NO. OF SHOTS MEMBER FIRED 4				
59. WHO FIRED FIRST SHOT 01 MEMBER 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT 01 YES 02 NO	61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 0	62. HOW WAS MEMBER'S HANDGUN WORN 01 RT. SIDE (WAIST) 02 LT. SIDE (WAIST)	63. OTHER (Specify) 01 STRONG SIDE DRAW 02 CROSS DRAW	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	65. DID MEMBER USE SIGHTS 01 YES 02 ND		
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) **NONE**	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED 01 0 - 6 FT. 02 6 - 10 FT. 03 10 - 15 FT. 04 OVER 15 FT.	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON 01 SUBJECT 03 ANIMAL 05 SUBJECT & OTHER CATEGORY 07 NONE 02 OTHER PERSON 04 OBJECT 06 UNKNOWN 08 ANY OTHER COMBINATION	69. POSITION OF MEMBER DISCHARGING WEAPON 01 STANDING 02 LYING DOWN 03 SITTING 04 KNEELING 05 OTHER (SPECIFY)	70. ADDITIONAL INFORMATION **SUBJECT BRANDISHED A FIREARM IN AN ATTEMPTED LOG # 108577**	71. EVENT NO. 1620702972	72. I.D. NO. HZ363168		

ARMED ROBBERY

CCL #1434581460-(EXP 06 JUN 19)

CL-1081577

1620702972

HZ363168

U-1613

CASE INFORMATION

NOTIFICATIONS (ALL INCIDENTS): IMMEDIATE SUPERVISOR DSS OF DISTRICT OF OCCURRENCE

NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): OEMC CPIC

NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): OEMC

Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.

4D. ADDITIONAL INFORMATION

SUBJECT BRANDISHED A FIREARM IN AN ATTEMPTED ARMED ROBBERY

CCL #1434581460-(EXP 06 JUN 19)

SIGNATURES

13 REPORTING MEMBER (Print Name)

WARDEN, RONALD A

25-JUL-2016 14:03:29

STAR/EMPLOYEE NO.

22739

SIGNATURE

Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.

14 REVIEWING SUPERVISOR (Print Name)

CHAMBERS, KEVIN M

STAR NO.

9

SIGNATURE

DATE REVIEWED

TIME

25-JUL-2016 14:04:22

Additional discharged weapons:

CL-1081577
U-1613

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISION WILL BE RESPONSIBLE FOR REVIEWING AND APPROVAL OF ALL TR's FROM THE SAME INCIDENT: 1. THE EXEMPT LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TR's FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL, WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. 3. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

PS SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

in hospital

76 41BUTENANT OR ABOVE INCIDENT COMMANDER: COMMENTS

Involved Department member is NOT a sworn officer. He is employed as a civilian detention aid.

involved Department member is NOT a sworn officer. He is employed as a civilian Detention Aide. Based on the information provided to me, the undersigned feels this investigation should continue, and the final determination will be made by the Cook County State's Attorney. As noted the involved was NOT acting a sworn law enforcement officer, but as a private citizen, with a valid concealed carry permit and FOID card. At the time of this report and given the information provided to me, it appears that his actions were lawful. Final determination to be made by Area Detectives and the assigned State's Attorney.

73.1 LIEUTENANT OR ABOVE INCIDENT COMMANDER USE ONLY

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05

10. THE 1970-71 MONTREAL CANADIENS SEASON

I HAVE CONCLUDED THIS INVESTIGATION FALLS UNDER THE INVESTIGATION AUTHORITY OF THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA).

LOG NO. 1088577 OBTAINED

BASED ON THE INFORMATION THAT I HAVE REVIEWED, I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE RE

IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

NOT IN COMPLIANCE WITH DEPARTMENT POLICY

79. LIEUTENANT OR ABOVE INCIDENT COMMANDER (Print Name)

RYAN, KEVIN P

四

TP

1

TR(9)

81 TOTAL TRG'S THIS EVENT No

四

SIGNATURES

DATE COMPLETED TIME
25-JUL-2018 16:07:12